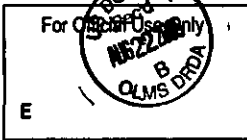


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> 12485	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / <input type="text"/> Through <input type="text"/> / <input type="text"/> / <input type="text"/> 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name <input type="text"/> <input type="text"/> Darrell Hickman P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 6088 N 200 W City <input type="text"/> Uniondale State <input type="text"/> ZIP Code + 4 <input type="text"/> Indiana 46791-9754	4 Name file number and address of labor organization Name <input type="text"/> Sheet Metal Workers LU No 20 Labor Organization File Number <input type="text"/> 515-617 P O Box Building and Room Number If any <input type="text"/> P O Box 20530 Street <input type="text"/> 2828 E 45th Street City <input type="text"/> Indianapolis State <input type="text"/> ZIP Code + 4 <input type="text"/> Indiana 46220-0530
5 Position in labor organization <input type="text"/> Executive Board Member	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> L U #20 Joint Appren & Trng Trust Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Suite A Street <input type="text"/> 2828 E 45th Street City <input type="text"/> Indianapolis State <input type="text"/> ZIP Code + 4 <input type="text"/> Indiana 46205	7 a Nature of Interest Transaction or Income <input type="text"/> Expenses for attending the Regional Apprenticeship Contest 7 b Amount <input type="text"/> \$828


Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <input type="text"/> 	On <input type="text"/> Date	<input type="text"/> Telephone Number



DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.


Signature _____ Date _____